

SYSTEMS CHANGE GRANT FOR COMMUNITY LIVING

ANNUAL REPORT

FY 2002 (October 1, 2001 – September 30, 2002)

Grant Information:

Grant Number: 18-P-91568/7-01

Grant State: Nebraska

Name of Grantee: Nebraska Department of Health & Human Services

Title of Grant: Real Choice for Nebraskans

Type of Grant: Systems Change Grants for Community Living

Amount of Grant: \$2,000,000

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**Annual Report Systems Change Grant for Community Living
November 2002**

Goals, Objectives, and Activities:

Goal #1 – Implement a culturally-competent, consumer-directed model of services coordination and services delivery that is consistent across all targeted populations.

- Develop and convene a Consumer Task Force to provide overall guidance and gain consensus on the definition of choice, risk, and guiding principles for consumer-directed systems development. (A – completed on schedule)
 - A Consumer Task Force has been established and consists of 21 members representing all the targeted populations in the grant (persons who receive Aging Services, and both children and adults with Developmental Disabilities, Physical Disabilities, Medically-Complex conditions, and Behavioral Health needs)
 - Conducted 6 Consumer Task Force meetings during 2002 plus a 2-day statewide conference to gather input on consumer-directed services (January 16, February 11, March 11, April 1 & 2, May 14, September 9, and November 18)
 - Developed several documents: 1) a definition of consumer choice; 2) Consumer-Directed Guiding Principles; 3) Roles of the Consumer and the System in the Implementation of a Consumer-Directed System
 - Established a 5-member Consumer Executive Committee that represents all targeted populations and participates at all meetings with the Health & Human Services Steering Committee (direction-setting body for the grant)
 - Hosted a national consultant on consumer-directed services and a national facilitator to assist us with a better understanding of how to implement consumer-directed supports and to bring about systems change across populations (Max Chmura and Jolie Bain Pillsbury)
- Develop a system-wide philosophy and organizational culture that supports consumer-directed services and supports across the lifespan. (A – completed on schedule)
 - Conducted a statewide two-day meeting (April 1 & 2) with services coordinators, providers, advocates, and members of the Real Choice Consumer Task Force to collect input and plan for greater consumer choice and consumer-directed services (approximately 110 attendees from across the state)
 - Produced an Implementation Plan, based on input from the 2-day meeting, with lead persons identified for the activities, strategies to complete the activities, and timelines for completion

- Conducted 8 TownHall meetings across the state to provide information on Real Choice grant activities, present information on consumer-directed services, and collect input from local communities on how to implement consumer-directed services and what are the major barriers to accessing appropriate services. (approximately 415 attended statewide – 41% of attendees were consumers / families)
 - Developed a structured interview format organized around the consumer-directed guiding principles, affirmed by the Consumer Task Force, to obtain input on the Real Choice philosophy
 - Conducted interviews (both personal and telephone) with consumers, providers, services coordinators, and advocates to obtain input on the Real Choice philosophy statement
 - Identified key themes from the survey interviews and TownHall meetings and developed a document stating the Real Choice philosophy using quotes and paraphrasing of quotes from key informants
 - Developed a Training Subcommittee to provide direction on the design and implementation of training materials on a shared philosophy for consumers and services coordinators
 - Developed a Cultural Awareness Subcommittee
- Analyze current services coordination across systems, and evaluate federal and state policies / regulations / practices to determine where barriers to, and opportunities for, flexibility exist. (A – completed on schedule)
 - Developed a matrix outlining Services Coordination activities and functions across disability groups (Behavioral Health, Developmental Disabilities, Aging, Physical Disabilities, and Early Development Network). The matrix provides an overview of expectations across different systems, similarities and differences, as a base to work from.
 - Conducted Services Coordination Planning meeting on October 2, 2002 with Services Coordinators and consumers across the state. The purpose of the meeting was to:
 - Identify current core competencies for Services Coordination across the various disability groups;
 - Identify current training activities related to core competencies; and
 - Identify process for developing a set of core competencies across Services Coordination System
 - Core competencies are being identified
- Design and develop a sustainable, integrated, flexible, customized system that enables consumers throughout their lifespans to make decisions throughout the service planning process to the extent, and in the areas, that they choose. (E – not previously scheduled to undertake activity in this grant year. These “pilots” were identified by the HHSS Steering

Committee and Consumer Task Force to pursue as a Real Choice activity.)

- Within the Developmental Disabilities (DD) System, identified two “pilot” demonstration sites to be carried out within a tri-city area (rural / urban) in the central part of Nebraska and within a predominately urban site in the City of Lincoln and surrounding area of Lancaster County. (These pilots are intended to model consumer choice)
 - These sites will target the DD populations in those two areas who receive services and allow them the use of up to \$1,500 per month to determine their own service needs and to choose providers of their preference outside of the usual “certified” provider list which they are required to use now
- The Harvest Project, which is an already-existing initiative between the Lincoln Area Agency on Aging, a substance-abuse provider agency, and a mental health provider agency, that work together in a cross-agency methodology to provide services to consumers based on consumer need and preference (this pilot is intended to model cross-program sharing responsibility)
- A technical pilot which involves reviewing current Rules & Regulations for barriers to consumer-directed principles will also be piloted this year
- Performance expectations and evaluation criteria will be developed during the next few months to monitor these pilots

Goal #2 – Improve consumer access to, and information about, supports and services.

- Improve access to the state service system so eligible consumers receive the best information regardless of the program through which services may have been initially obtained.
 - We anticipate developing a “no wrong door” principle through the cross-training of services coordinators. The services coordinator is the entry point for most consumers / families, and with cross-training on a shared philosophy and core competencies in working with consumers who cross over programs, there will be no wrong door for these consumers when they need to access services across disciplines (**B – core competencies are being developed as well as the training curriculum on a shared philosophy for services coordinators; actual training will begin sometime during this year**)
 - Several processes have been identified within our system that need standardization (e.g. application forms, billings, process to become a provider). All of these processes currently are repetitive and duplicative depending upon the program rules and regulations (**C – this activity has not been initiated yet; still in planning stages**)
- Coordinate existing information and referral systems through standardization of guidelines and marketing materials. (See Goal #5 activities)

Goal #3 – Develop a system that allows consumers from various disability systems to access and receive needed services.

- Analyze the current system to identify barriers to and opportunities for enhancing cross-system and coordination of services.
 - A Rules & Regulations Review Subcommittee has been established and has developed a tool, which is based on our consumer-directed guiding principles, to review existing rules and regulations for barriers to consumer choice **(B – initiated and ongoing)**
- Standardize and simplify the enrollment of agencies and individuals to become providers in order to give consumers greater flexibility and more options in selecting providers **(C – not initiated the activity)**
- Identify and increase the availability of approved community services and support providers **(C – not initiated the activity)**

Goal #4 – Implement a quality management system that ensures the health and well-being of consumers through consumer-directed monitoring and improvement.

- Based on consumer input and work by the Consumer Task Force, NHHSS, and the Munroe-Meyer Institute (MMI), develop desired consumer outcome measures to ensure needs are met through high quality long-term support systems that enable consumers to make real choices about how they live and participate in their communities. **(A – completed on schedule)**
 - Conducted a nationwide literature search on quality measures.
 - The Real Choice consumer-directed philosophy and principles have been developed in the first year of the grant and will serve as the base for designing a quality management process. A Quality Management committee will be formed early in 2003 to analyze components for a quality management system.
- Design and implement a sustainable statewide quality management system that effectively monitors and makes improvements by using consumer-focused quality assurance measures. **(F – not scheduled to undertake the activity in this grant year)**

Goal #5 – Make available to consumers and agencies a comprehensive, statewide resource database of health and human services.

- Set uniform standards, practices, and methods pertaining to collection, management, use, and promotion of data for resource directories across state agencies and organizations. **A / B – initiated the activity; still ongoing)**
 - A statewide Data Team, comprising representatives from the major information and referral agencies across Nebraska, was established to

discuss statewide standards, protocols, inclusion / exclusion criteria, and sharing data as part of a statewide, coordinated structure for resource data. The Data Team met monthly from May 2002 – November 2002 and developed recommendations to address: 1) who will be the users of the data; 2) what data should be included; 3) how to gather and maintain the data; 4) how to present the data; and 5) an organizational structure.

- Periodic progress reports of the Data Team were presented to the Real Choice Consumer Task members and the Steering Committee members.
- Membership of the Data Team included private and public partners.
- Recommendations will be completed and presented by the end of December 2002.

B. Describe the type of activities that consumer partners, private partners, and public partners have been involved in over the past six months.

Consumer Partners:

- Consumers co-facilitated the statewide TownHall meetings
- Consumers are members on the Training Subcommittee, Services Coordination Planning Committee, Rules & Regulations Review Subcommittee, a resource and referral Users Group, and Cultural Awareness Subcommittee
- Consumers are members of the Consumer Task Force Executive Committee which serves in an advisory capacity to the HHS Real Choice Steering Committee
- Consumers from the Consumer Task Force have been scheduled to speak at statewide events to share information regarding the Real Choice activities

Private Partners:

- Providers co-facilitated the statewide TownHall meetings
- Providers serve on the Consumer Task Force and various subcommittees under the Real Choice grant (subcommittee participation includes Community Action Agencies, Area Agencies on Aging, Family Violence Council, Volunteers of America, and United Ways)
- Parent Training Information of Nebraska and the League of Human Dignity are two subcontractors of the grant working on Services Coordinator cross-program training and consumer training
- Statewide advocacy groups were integral in disseminating information regarding the statewide townhall meetings to assist consumers to attend the meetings to provide input

Public Partners:

- The Health & Human Services Steering Committee is made up of program staff across the grant's targeted populations and serve as a direction-setting body and technical assistants to the Consumer Task Force and various subcommittees
- The University of Nebraska Public Policy Center and the University of Nebraska Medical Center's Munroe-Meyers Institute are major contractors under the Real Choice grant, and the University of Nebraska Educational Television serves as a subcontractor to assist with development of training modules and computer interface

C. Describe how grant activities are being coordinated or integrated, if applicable, with other disability or long-term care programs.

- The grant targets systems change across programs who serve:
 - The Aging populations; and
 - Children and Adults with
 - Developmental Disabilities
 - Physical Disabilities
 - Medically-Complex Conditions
 - Behavioral Health Needs
- Since Nebraska is targeting the above populations for system integration, the Services Coordination Planning Group, Consumer Task Force, and various subcommittees all include representation from the various disciplines
- The Data Team represents a wide variety of stakeholders that serve various populations and provide a wide range of services: County Health Department, Community Action Agency, Area Agency on Aging, Family Violence Council, Volunteers of America, and United Ways.
- As noted previously, a current initiative called the Harvest Project will be one of the Real Choice grant's four pilots this year that demonstrates cross-program sharing of information. Services coordinators from the Lincoln Area Agency on Aging, a local substance abuse provider organization, and a mental health center work together with consumers to provide a cross-agency methodology in delivering appropriate and preferred services.

D. Please indicate if your project has produced any outreach, education, technical assistance materials, or other such products.

- Real Choice Resource Database: A listing of cutting edge information on systems change efforts for persons with disabilities across the United States (April 2002)
- Real Choice TownHall PowerPoint Presentation Part 1 & 2 (Sept 2002)
- Summary of the Real Choice for Nebraskans Grant
- Consumer-Directed Guiding Principles

- Role of the Consumer and the System in a Consumer-Directed Environment
- Developed a Real Choice for Nebraskans Website which includes information about the grant itself, upcoming events, minutes of meetings, federal reports, membership lists, contact page, etc.
<http://www.hhs.state.ne.us/ags/realchoice/index.htm>

E. Please describe the major challenges you have faced in implementing grant activities.

- Internal program philosophies has been and continues to be a major challenge in bringing needed capacities and expertise to the table
- Obtaining System involvement has been challenging since efforts are still in the planning stages

F. Have you had to revise any of your goals based on difficulty initiating or completing activities? If so, please described any changes you have made.

- To date, Nebraska has not had to revise any of its goals, however, some of the timelines have been delayed due to unanticipated technicalities, as well as implications resulting from state budget shortfalls and implications such as layoffs, employee workload, etc.

G. Is there specific assistance that the CMS Central Office, your CMS Regional Office, or CMS Technical Assistance Providers could provide to help you achieve the goals specified in your grant?

- See Section II – Technical Assistance.

H. Please describe any specific systems change issues that your project addressed through a particular approach or activity that you would recommend to others. Include a description of any critical steps or partners in the approach you recommend, any pitfalls to avoid, and any particular activities that facilitated success.

- Would recommend holding TownHall meetings
 - The general public set expectations and a momentum was created for change
 - People wanted to give input
 - Used local facilitators for buy-in
 - Offered respite services
 - Held meetings at times and locations suggested by communities (weekends / evenings, etc.) for increased accessibility
 - Mailed out approximately 2,200 townhall brochures announcing the meetings and issued a statewide press release in newspapers advertising the meetings
- The Data Team's work and success in determining recommendations for statewide coordinated structure of resource data may be attributable to:

- Prior work (such as statewide conferences, research studies, and the development of a 211 “pilot” in Nebraska) laid the groundwork;
- The participation and commitment of Nebraska’s major information and referral organizations to the process and their participation on the Data Team;
- Consultation from national experts and technical experts in the development of recommendations; and
- The use of a consensus-based decision-making process that focused on exploring shared interests, based on values / interests rather than positions enabled mutual education and results in a shared vision and ownership of the recommendations.

I. For Nursing Home Transition Grantees: Please provide any information you have on individuals who have been transitioned to the community using grant funds (e.g. age, gender, ethnicity / race, level of care need, primary diagnosis, activities of daily living needs, numbers of months in the nursing facility prior to transition and/or months in the hospital or other institution prior to diversion.

- The partners in Nebraska’s Nursing Home Transition grant project report a total of 157 transitions from nursing homes to community-based services. Not all of the partners reported supplementary data, but most of the transitions were reported under the age category of “elderly persons” and the primary disability categories were listed as physical, developmental, and mental. Numbers were not available.

J. Is there anything else you would like to tell us about your project’s activities in the last year?

II. TECHNICAL ASSISTANCE

A. During the last six months, what technical assistance did your project receive from the Community Living Exchange Collaborative: A National Technical Assistance Program (formerly known as The National Technical Assistance Exchange for Community Living) or another source?

We made several requests for information on how other states were dealing with the issue of “risk”, but did not receive any assistance. We did receive a videotape from another state on consumer choice.

B. What changes, if any, would you suggest in the way that technical assistance is being provided to make it more effective or timely?

We would like to see it handled the way Michael Cheek, APHSA, handles the technical assistance for the Medicaid Infrastructure grants. He is proactive and sends useful information weekly, if not more often.

C. Please describe the technical assistance that would be helpful as you enter the second year of your grant's activities.

An exchange of state information and establishment of state groups similar to Michael Cheek's Medicaid Infrastructure grant activities.

III. ENDURING SYSTEMS CHANGE

A. As a result of your grant activities to date, has your State made any enduring changes to its community long-term services and supports systems? If so, what are they? For example, if existing programs or policies have been changed as a result of grant activities, describe those changes.

We are beginning a demonstration in which regulations will be tested against the Real Choice philosophy and principles. Draft regulations for the Aged & Disabled Waiver contain client-directed provisions.

B. Please provide any other information about how grant activities have changed the environment, policies, or processes in your State.

Due to the targeted populations under Nebraska's Real Choice grant, environmental changes have been fairly significant. There has been much more dialogue occurring among state staff responsible for aging, physical disabilities, developmental disabilities, and behavioral health than there has ever been before. Clients and providers are welcoming policy changes which would allow client-directed services.